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John F. Perullo
Printed name of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. 1.53(b)			
Attorney Docket Number	HM-04-PT-03-NP		
Applicants	Alec Bobroff, Clifford R. M.	artin, Phillip B. Dolliver	
Title	Postoperative Fluid M	onitoring And Alert System	
PRIORITY INFORMATION:			
NONE			
SMALL ENTITY STATUS:			
Applicant does not claim small entity status under 37 C.F.R. §1.27.			
APPLICATION ELEMENTS:			
Cover sheet		1 page	
Specification .		21 pages	
Claims		3 pages	
Abstract		1 page	
Drawings		8 sheets	
Combined Declaration and Power of Attorney, which is:		2 pages	
X Unsigned;			
□Newly signed for this application;			
☐ A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.			
Preliminary Amendment		[**] pages	
Information Disclosure Statement		[**] pages	
Form PTO 1449		[**] pages	
Cited References		[**] references	
Recordation Form Cover Sheet and Assignment		[**] pages	
English Translation		[**] pages	
Certified Copy of Priority Document		[**] pages	
Non-publication Request under 35 U.S.C. § 122(b).		[**] pages	

Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	[**] pages	
Return Receipt Postcard	1	
FILING FEES:		
Basic Filing Fee: \$770/\$385	\$770	
Excess Claims Fee: (11-20)= 0 x \$18/\$9	\$****	
Excess Independent Claims Fee: (2 -3)= 0 x \$86/\$43	\$****	
Multiple Dependent Claims Fee: \$290/\$145	\$****	
Total Fees:	\$770	
X Enclosed is a check for \$770.00 to cover the total fees.		
☐ Charge [**AMOUNT**] to Deposit Account No to cover the total fees.		
☐ The filing fee is not being paid at this time.		
☐ Please apply any other charges or any credits to Deposit Account No		
CORRESPONDENCE ADDRESS:		
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CUSTOMER NO.: 41883		
Al F. Paullo- Signature	MARCH (0, 2004 Date	